

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 21-NOV-2015		TIME 22:00:00		2. ADDRESS OF OCCURRENCE 3151 W HARRISON ST CHICAGO, IL 60612		3. LOCATION CODE 280		4. BEAT/SECTOR 1134			
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME RYAN	7. FIRST NAME MEGAN L		8. STAR NO. 6259	9. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT 507	13. WT 150	
	14. DATE OF APPT. 26-AUG-2013		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 002 4557B		17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		18. MEMBER INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SUBJECT INFORMATION	19. LAST NAME MOORE		21. FIRST NAME MICHAEL		22. MI A	23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24. RACE BLK	25. D.O.B. 21-JAN-1997	26. HT 506	27. WT 140	
	28. ADDRESS 620 WILLARD ROCKFORD, IL		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> Hospitalized <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Not Hospitalized <input type="checkbox"/> Under Influence <input type="checkbox"/> Refused Medical Aid		36. CHARGES PLACED 720 ILCS 5.0/34-1-A, 725 ILCS 5.0/110-3		37. CB NO. 19226216		IR NO. [REDACTED]	
REASON FOR USE OF FORCE (Check all that apply)	38. PASSIVE RESISTER		39. ACTIVE RESISTER		40. ASSAULT: ASSAULT		41. ASSAULT: BATTERY		42. ASSAULT: DEADLY FORCE		
	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER [REDACTED]		SUBJECT'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAIVER/AUTHORIZATION <input type="checkbox"/> OTHER [REDACTED]		SUBJECT'S RESPONSE OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Control Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER [REDACTED]		SUBJECT'S RESPONSE IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER [REDACTED]		SUBJECT'S RESPONSE ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER [REDACTED]		
WEAPON DISCHARGE INCIDENT	43. DID OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		44. ADDITIONAL INFORMATION [REDACTED]		45. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		46. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		47. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		
	48. WEATHER CONDITIONS OTHER [REDACTED]		49. MAKE/MANUFACTURER [REDACTED]		50. MODEL [REDACTED]		51. BARREL LENGTH [REDACTED]		52. CALIBER/GAUGE [REDACTED]		
CASE INFO.	53. TASER DART ID NO. [REDACTED]		54. WEAPON SERIAL NO. (Include Letters) [REDACTED]		55. CHICAGO GUN REG. NO. [REDACTED]		56. IL FIREARM OWNER ID NO. [REDACTED]		57. HANDGUN CERTIFICATE NO. [REDACTED]		
	58. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		59. PROPERTY INVENTORY NO. [REDACTED]		60. TYPE OF AMMUNITION USED [REDACTED]		61. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		62. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		
SIGNATURES	63. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		64. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		65. NO. OF CARTRIDGES / SHOT SHELLS RELOADED [REDACTED]		66. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		67. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
	68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		71. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		72. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]		
73. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		74. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		75. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		76. REPORTING MEMBER (Print Name) RYAN, MEGAN L		77. STAR/EMPLOYEE NO. 6259		78. SIGNATURE [REDACTED]	
79. DATE/TIME 21-NOV-2015 23:16:09		80. REVIEWING SUPERVISOR (Print Name) XIKUES, JOHN C		81. STAR NO. 1996		82. SIGNATURE [REDACTED]		83. DATE REVIEWED 21-NOV-2015 23:26:08		84. TIME [REDACTED]	

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ ONA

☒ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/Lt believes with the information provided at this time that the officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./ORNO \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

HARRIS, DAVID G

SIGNATURE

DATE COMPLETED

TIME

21-NOV-2015 23:46:04

79. TOTAL TPR's THIS EVENT No.

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